



**CORPORATION, TRUST, ESTATE, OR PARTNERSHIP
ACKNOWLEDGEMENT**

Date _____

Date _____

State of Wisconsin)
) ss
County of _____)

This instrument was executed and acknowledged before me on this _____ day of _____, _____
(month) (year)

by _____ as _____
(name of officer, trustee, personal representative, or partner) (title)

for _____
(organization)

Notary Public, State of Wisconsin

My commission (is permanent) expires _____, 20_____.